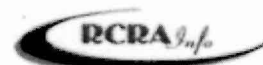


**Handler - Handler Search**

Enter the Handler ID you wish to search on:

Handler ID:

[Search](#) [Cancel](#) [Clear](#)

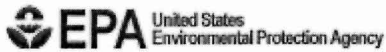
Your search has found 1 handler(s).

Search Results

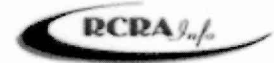
Act Loc	Handler Name	EPA Id	Street No.	Street Address	City	State	Zip Code	County	In a Universe
NJ	WITCO CORP	NJD045653854	100	BAUER DR	OAKLAND	NJ	07436	BERGEN	Y

[Create New Handler](#)

URL: /HANDLER2/Handler_srch.asp



Handler Detail



WITCO CORP

OAKLAND

NJD045653854

** = Indicates source record used for Universe Calculations

Handler Universes										
In a Universe	Genstatus	Transporter	Univ Waste	Recycler	Used Oil	Furnace Exempt	Importer	Onsite Burner Exem	Mixed Waste Gen	Underground Injection
Y	LQG	N	N	N	NNNNNNN	U	U	U	U	N

Permitting and Corrective Action Universes									
Permit Workload	Closure Workload	Postclosure Workload	Permit Progress	CA Workload	Subject to CA	Subject to CA - TSD	Subject to CA - Discretion	Subject to CA - Non-TSD	
----	----	----	----	N	N	N	N	N	

Compliance, Monitoring and Enforcement and GPRA Universes							
Full Enforcement	Operating TSDF	SNC	BOYSNC	GPRA Permit	GPRA Postclosure	GPRA CME	GPRA CA
----	----	N	N	N	N	N	N

Source Summary Table				
Act Loc	Source	Sequence	Receipt Date	Non-notifier
NJ	** I	1	7/29/1999	X
NJ	R	3	2/18/1998	
NJ	R	2	1/30/1992	
NJ	R	1	2/28/1990	

Add Site Identification Form

RCRA Site Detail Report

Universe Justification

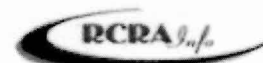
Create New Activity Location

Go To

URL: /Handler2/HAND_main.asp



Site Identification Form Update



* = Indicates you must provide this field.

General Information:			
Received Date: 7/29/1999	Extract to Public <input checked="" type="checkbox"/>	Non-notifier: <input type="text" value="X - Non-notifier"/>	Send Acknowledgement: <input type="checkbox"/>
Number of Employees: <input type="text" value="0"/>		Seq: 1	

1. Reason for Submittal(Source)
<input type="checkbox"/> To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities). (Source N)
<input type="checkbox"/> To provide subsequent notification (to update site identification information). (Source N)
<input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application. (Source A)
<input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application. (Source A)
<input type="checkbox"/> As a component of the Hazardous Waste Report. (Source R)
<input checked="" type="checkbox"/> Implementer - Agency that is Implementer of Record for Handler. (Source I)
<input type="checkbox"/> Emergency. (Source E)
<input type="checkbox"/> Temporary. (Source T)

2. Site ID			
EPA ID:	NJD045653854	Activity Location:	NJ
		Second ID:	<input type="text"/>

3. Site Name	
Name:	* <input type="text" value="WITCO CORP"/>

4. Site Location (Physical address not P.O. Box or Route)			
Number: <input type="text" value="100"/>	Street1: <input type="text" value="BAUER DR"/>	Street2: <input type="text"/>	
City: <input type="text" value="OAKLAND"/>	State: <input type="text" value="NJ - New Jersey"/>	Zip code: <input type="text" value="07436"/>	County: <input type="text" value="BERGEN - NJ003"/>
State District: <input type="text" value="NORTHERN"/>			

5. Site Land Type

Site Land Type:	<input type="text"/>
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6. North American Industry Classification System (NAICS)

A.	<input type="text"/>
B.	<input type="text"/>
C.	<input type="text"/>
D.	<input type="text"/>

7. Site Mailing Address

Copy address from

Number:	<input type="text"/>	Street1:	<input type="text" value="UNKNOWN"/>	Street2:	<input type="text"/>
City:	<input type="text" value="OAKLAND"/>	State:	<input type="text" value="WY - Wyoming"/>	Zip code:	<input type="text" value="07436"/>
Country:	<input type="text" value="US - UNITED STATES"/>				

8. Site Contact Person

First Name:	<input type="text"/>	Middle Initial:	<input type="text"/>	Name:	<input type="text" value="Last"/>
Phone Number:	<input type="text"/>	Phone Number	<input type="text"/>	Email	<input type="text"/>
		Ext:	<input type="text"/>	Address:	<input type="text"/>

8a. Site Contact Address

Copy addr

Number:	<input type="text"/>	Street1 or P.O. Box:	<input type="text"/>	Street2 or P.O. Box:	<input type="text"/>
City:	<input type="text"/>	State:	<input type="text"/>	Zip code:	<input type="text"/>
Country:	<input type="text" value="US - UNITED STATES"/>				

9. Legal Owner and Operator

Add/Update/Delete an Owner or Operator

A. Legal Owner

Act Loc	Seq	Ind	Type	Date Became Current	Date Ended Current	Owner Name	No.	Street	City	State	Zip	Phone	Ci
NJ	1	CO	P			OWNERNAME		NOT REQUIRED	NOT REQUIRED	WY	99999	2125551212	

B. Legal Operator

Act Loc	Seq	Ind	Type	Date Became Current	Date Ended Current	Operator Name	No.	Street	City	State	Zip	Phone	Cntry
---------	-----	-----	------	---------------------	--------------------	---------------	-----	--------	------	-------	-----	-------	-------

Please enter your Owner/Operator information

first.

10. Type of Federal Regulated Waste Activity**A. Hazardous Waste Activity****1. Generator of Hazardous Waste (Federal)**

1 - HQ - Large Quantity Generator

Indicate other generator activities (check all that apply).

U - Unknown d. United States Importer of Hazardous Waste

U - Unknown e. Mixed Waste (hazardous and radioactive) Generator

Generator of Hazardous Waste (State)

For Items 2 through 6, check all that apply

☐ 2. Transporter of Hazardous Waste☐ 3. Treater, Storer, or Disposer of Hazardous Waste(at your site) Note: A hazardous waste permit is required for this activity.☐ 4. Recycler of Hazardous Waste(at your site) Note: A hazardous waste permit may be required for this activity.**5. Exempt Boiler and/or Industrial Furnace**

U - Unknown a. Small Quantity On-site Burner Exemption

U - Unknown b. Smelting, Melting, Refining Furnace Exemption

☐ 6. Underground Injection Control**B. Universal Waste Activities**

1. Large Quantity Handler of Universal Waste [refer to your State regulations to determine what is regulated]. Indicate types of universal waste generated and/or accumulated at your site. (check all boxes that apply).

	Generated	Accumulated
Batteries - (US)	<input type="checkbox"/>	<input type="checkbox"/>
Lamps - (US)	<input type="checkbox"/>	<input type="checkbox"/>
Pesticides - (US)	<input type="checkbox"/>	<input type="checkbox"/>
Thermostats - (US)	<input type="checkbox"/>	<input type="checkbox"/>

☐ 2. Destination Facility for Universal Waste
 Note: A hazardous waste permit may be required for this activity.
C. Used Oil Activities**1. Used Oil Transporter - Indicate Type(s) of Activity (ies)**

- ☐ a. Transporter
- ☐ b. Transfer Facility

2. Used Oil Processor and/or Re-refiner - Indicate Type(s) of Activity(ies)

- ☐ a. Processor
- ☐ b. Re-refiner

3. Off-Specification Used Oil Burner**4. Used Oil Fuel Marketer - Indicate Type(s) of Activity (ies)**

- ☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

D. State Activities**10a. Latitude/Longitude**

Latitude Measure: <input type="text" value="0"/>		Longitude Measure: <input type="text" value="0"/>	
Geometric Type Code: <input type="text"/>	Reference Point Code: <input type="text"/>	Source Map Scale Numbers: <input type="text" value="0"/>	
Horizontal Accuracy Measure: <input type="text"/>	Horizontal Collection Method: <input type="text"/>	Horizontal Reference Datum: <input type="text"/>	

11. Description of Hazardous Wastes

To enter multiple waste codes, hold down the CTRL key and click the individual codes or hold down the SHIFT key and click to select a range of codes.





Type D	Type F	Type K	Type P	Type U	Type X
<input type="checkbox"/> Select All	<input type="checkbox"/> Select All	<input type="checkbox"/> Select All	<input type="checkbox"/> Select All	<input type="checkbox"/> Select All	<input type="checkbox"/> Select All
<input type="text" value="D001"/> <input type="text" value="D002"/> <input type="text" value="D003"/> <input type="text" value="D004"/> <input type="text" value="D005"/> <input type="text" value="D006"/> <input type="text" value="D007"/> <input type="text" value="D008"/> <input type="text" value="D009"/> <input type="text" value="D010"/>	<input type="text" value="F001"/> <input type="text" value="F002"/> <input type="text" value="F003"/> <input type="text" value="F004"/> <input type="text" value="F005"/> <input type="text" value="F006"/> <input type="text" value="F007"/> <input type="text" value="F008"/> <input type="text" value="F009"/> <input type="text" value="F010"/>	<input type="text" value="K001"/> <input type="text" value="K002"/> <input type="text" value="K003"/> <input type="text" value="K004"/> <input type="text" value="K005"/> <input type="text" value="K006"/> <input type="text" value="K007"/> <input type="text" value="K008"/> <input type="text" value="K009"/> <input type="text" value="K010"/>	<input type="text" value="LABP"/> <input type="text" value="P001"/> <input type="text" value="P002"/> <input type="text" value="P003"/> <input type="text" value="P004"/> <input type="text" value="P005"/> <input type="text" value="P006"/> <input type="text" value="P007"/> <input type="text" value="P008"/> <input type="text" value="P009"/>	<input type="text" value="U001"/> <input type="text" value="U002"/> <input type="text" value="U003"/> <input type="text" value="U004"/> <input type="text" value="U005"/> <input type="text" value="U006"/> <input type="text" value="U007"/> <input type="text" value="U008"/> <input type="text" value="U009"/> <input type="text" value="U010"/>	<input type="text" value="C165"/> <input type="text" value="C168"/> <input type="text" value="C195"/> <input type="text" value="C217"/> <input type="text" value="C224"/> <input type="text" value="C226"/> <input type="text" value="C227"/> <input type="text" value="C228"/> <input type="text" value="C229"/> <input type="text" value="C245"/>

12. Comments characters remaining.

Update 10/03 to ensure Leg_Dist is associated with correct Counties

13. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

First Name	<input type="text"/>	Middle Initial	<input type="text"/>	Last Name	<input type="text"/>
Title	<input type="text"/>	Date	<input type="text"/>	Signature	<input type="text"/>
First Name	<input type="text"/>	Middle Initial	<input type="text"/>	Last Name	<input type="text"/>
Title	<input type="text"/>	Date	<input type="text"/>	Signature	<input type="text"/>
First	<input type="text"/>	Middle	<input type="text"/>	Last	<input type="text"/>

Name		Initial		Name	
Title	<input type="text"/>	Date	<input type="text"/> 	Signature	<input type="text"/>
First Name	<input type="text"/>	Middle Initial	<input type="text"/>	Last Name	<input type="text"/>
Title	<input type="text"/>	Date	<input type="text"/> 	Signature	<input type="text"/>
First Name	<input type="text"/>	Middle Initial	<input type="text"/>	Last Name	<input type="text"/>
Title	<input type="text"/>	Date	<input type="text"/> 	Signature	<input type="text"/>
First Name	<input type="text"/>	Middle Initial	<input type="text"/>	Last Name	<input type="text"/>
Title	<input type="text"/>	Date	<input type="text"/> 	Signature	<input type="text"/>

Cancel **Save** (Please click only once.)

URL: /Handler/HAND_siteid_update.asp